



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/586,492	FILING DATE 06/02/2000 RULE -	CLASS 438	GROUP ART UNIT 2812	ATTORNEY DOCKET NO. V0077/7134 WRM						
APPLICANTS Steven R. Walther, Andover, MA ; ** CONTINUING DATA ***** <i>no</i> ** FOREIGN APPLICATIONS ***** <i>no</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/28/2000										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Andrew L. Loser</i> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5					
ADDRESS Gary L Loser Esq Varian Semiconductor Equipment Associates Inc 35 Dory Road Gloucester ,MA 01930										
TITLE Method and apparatus for controlling ion implantation during vacuum fluctuation										
FILING FEE RECEIVED 1098	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										